

Goitre.—Finally Dr. Rodman presented two patients upon whom he had operated for goitre, of which he has had 7 cases within 3 months, one a large mediastinal growth. The first patient has also a goitre on the left side which was not removed, she nearly dying under ether when the right half was extirpated, it being necessary to stop the ether three times. The woman was pregnant when first seen, operation being postponed until after delivery. Pressure was evidently made by the growth of right side, as difficulty in breathing has passed away and the patient is in all ways better than she was. She was so anæmic that malignant disease was feared, but the microscope showed this not to be the case. Case second was that of a large goitre upon which operation was deferred for a few weeks until the patient, who was profoundly anæmic, had been put in good condition. One of the silk ligatures has lately given some trouble, this being the only one of buried Pagenstecher ligatures, of which he uses 25 to 50 in each case, to cause any difficulty. A piece of the thyroid the size of the end of a finger was left. The patient has since gained eight pounds, a gratifying result. Dr. Rodman has never removed a goitre under cocaine, as he is certain general anæsthesia is not so dangerous as many believe it to be. He would hesitate to attack such large goitres under local anæsthesia. He employs ether and puts the patient in the reversed Trendelenburg position, this aiding very markedly in the control of hæmorrhage.

DR. HENRY R. WILKINSON expressed his interest in the question of removal of non-malignant growths of the breasts. He has employed this method of turning up the breast in a few cases of small growth. The operation was first recommended by Thomas, of New York, and is very satisfactory, permitting removal of the tumor with little resulting scar.

DR. FRAZIER said that he had used the Warren incision quite recently in two cases. In both instances the tumors were cystic and not solid. The first one proved to be a galactocoele, the sac of which was dissected out in toto. In the second case a cyst of considerable size was exposed and removed through the same incision. Microscopic examination of the tissue adjacent to the cyst demonstrated the fact that the cyst removed was only a part of a general cystic mastitis. When this was discovered a second operation was performed, at which the entire breast was removed, together with a mass of enlarged glands near the anterior axillary

fold. He was afraid upon finding these glands that a mistake might have been made in the diagnosis, but subsequent histological study proved that they were not malignant.

DR. JOHN H. GIBSON said that until he witnessed Kocher's operations upon goitre he thought his own failure to relieve pain with infiltration anæsthesia in these cases was due to a faulty technique, but that now he thinks this was not the case. Kocher's local anæsthesia consists entirely in an anæsthesia of the skin; the rest of the operation is carried on practically without an anæsthetic, and can only be borne by the Swiss peasants. Kocher himself admits that in the more highly cultivated and organized patients he is obliged to use a general anæsthetic.

MULTIPLE FRACTURES INVOLVING THE UPPER EXTREMITY.

DR. ASTLEY P. C. ASHURST exhibited four patients who had sustained multiple fractures, and discussed the subject in a paper, for which see page 263.

DR. JOHN H. JOPSON cited a case of multiple fractures treated in the Presbyterian Hospital as an illustration of the shock that results from such injuries. An Italian was thrown from a wagon and sustained a fracture of the pelvis, the shaft of the humerus, one or both clavicles, and a Pott's fracture. The fracture of the humerus was complicated by paralysis of the musculo-spiral nerve. Shock was great and prolonged, but the patient made a good recovery. There is now under his care in the Children's Hospital a child referred because of supposed rachitic deformities, who was found to have a fracture of the right thigh, both bones of the right leg, and both bones of the left leg, evidently of rachitic origin, and with no history of traumatism. All surgeons are familiar with multiple fractures due to carcinoma. In Dr. Jopson's experience, the double Colles's fracture is the commonest example of multiple fracture encountered.

DR. GEORGE G. ROSS mentioned two cases of multiple fractures. One was in a woman of 65, weighing 250 pounds, and included a fracture of the middle of the shaft of the right humerus, a Colles's fracture of the right side and a Colles's fracture of the left side. The patient recovered. The second case was a multiple fracture of the upper extremity, including a fracture of the middle of the humerus and what corresponded to a Colles's fracture on the same side, though there had previously